

CLAIMS ONLY

Application Number

10/665970

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
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38		1				
39	1					
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total	8					
Indep	8					
Total	28					
Depend	28					
Total	36					
Claims	36					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
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Total						
Indep						
Total						
Depend						
Total						
Claims						